Canad. M. A. J.
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the fountains which contain the most potable brew or even the safest.

The *Medical Letter* may not be perfect but it tries to be objective and as accurate as it can be. It seems to me that it merits continued support as well as a careful reading, always, of course, with the characteristically skeptical eye of the physician.

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MEDICAL NEWS IN BRIEF

SERUM ENZYMES IN BRONCHOGENIC CARCINOMA AND OTHER PULMONARY DISEASES

Serum lactic dehydrogenase (LDH) activity is often increased in neoplastic disease. The highest levels have been observed in patients with massive lung tumours and bronchogenic carcinoma with widespread metastasis. Elevated serum LDH values have also been noted in anemia, hepatic and renal disease, infectious mononucleosis, myocardial infarction, congestive heart failure and pulmonary infarction. In a study by Gold (*Dis. Chest*, 39: 62, 1961) serial serum LDH determinations revealed increased activity in 82% of patients with histologically proved bronchogenic carcinoma. Serum lactic dehydrogenase activity was elevated in 71% of patients with acute pneumonia, but interval studies noted a return to normal levels in all cases as the pneumonic process subsided. The diagnostic significance of a single determination in cancer detection is thus limited. However, the serial determination of serum LDH activity in a suspicious case of pulmonary neoplasia may be an additional aid in the establishment of such a diagnosis. The differential diagnosis between pneumonia and lung tumour may also be clarified. The serum LDH frequently returned to normal after surgery, x-ray, or chemotherapy for bronchogenic carcinoma. Post-therapy serum LDH studies appeared to be of prognostic value. Tuberculosis did not affect the blood levels of lactic dehydrogenase. The serum transaminase was found to be of value in the diagnosis of bronchogenic carcinoma.

DIAGNOSTIC DIFFICULTIES IN HYPERTHYROIDISM

Atypical or unusual manifestations of hyperthyroidism have been described previously. In most of these cases the more atypical manifestations were also present but were overshadowed by other findings which delayed recognition of the basic disease. In a much smaller group, few, if any, of the typical findings are present and proper diagnosis is suspected only by the realization that such symptoms can be produced by hyperthyroidism. Manifestations of cardiovascular disease such as atrial fibrillation, angina pectoris, and cardiac decompensation are sometimes seen as the only symptoms in this condition, especially in older persons. Atrial fibrillation is probably the most common cardiac abnormality and has been noted in eight of 50 cases with atrial fibrillation in a group of patients with no overt symptoms of hyperthyroidism. It has been stated that the arrhythmia in such cases is less easily controlled with digitalis than in euthyroid patients with cardiac disease. One of the patients reported by Barrett and Sheehan (*Am. J. M. Sc.*, 241: 235, 1961) responded rapidly to digitalis, causing the authors to think less seriously about hyperthyroidism initially. A large portion of hyperthyroid patients with cardiovascular complaints have underlying heart disease although 15 to 20% show no cardiovascular abnormality following therapy. Several myopathic syndromes have been described in association with hyperthyroidism, including chronic thyrotoxic myopathy, exophthalmic ophthalmoplegia, myasthenia gravis and periodic paralysis. Evidence of central nervous system involvement is also a frequent finding.

Thus hyperthyroidism is not always an easily recognizable disease. This is especially true in older persons. Typical symptoms of hypermetabolism and goitre may be partially masked by exaggeration of complaints referable to an organ system. In a few cases none of the classic symptoms may be apparent, and diagnosis results from realization that the disease may present in any of several unusual forms.

DISTRIBUTION OF CANCER MORTALITY IN NEW YORK CITY

Data on 84,341 deaths of white residents of New York City occurring in the years 1953-58 and attributed to malignant neoplasms were studied with respect to nativity status and religion. These were compared with estimates of the religious distribution of the population of the city and with a 2% sample of deaths from all causes in 1955. After age adjustment, Newill (*J. Nat. Cancer Inst.*, 26: 405, 1961) found that total mortality rates from all neoplastic disorders were similar in the native-born and foreign-born populations, and differences between religious groups were not remarkable. Rates for foreign-born and native-born for specific sites of malignant neoplasms showed relatively small differences. Data were not available to enable examination of cancer mortality rates according to specific country of birth of the foreign-born.

Most striking were the differences in mortality rates from individual sites of neoplasms between the Jewish group and the Catholic and Protestant groups. Among males, cancers of the buccal cavity and pharynx, esophagus, gallbladder, larynx, lung, prostate, skin (other than melanoma), and other male genitalia were appreciably less common in the Jewish group than in either of the other religious groups. In females, cancer of the cervix uteri showed the same pattern. Certain sites exhibited higher rates in the Jewish group. These included cancers of the large intestine, kidney, brain, thyroid, and melanoma, reticulum cell sarcoma, lymphosarcoma, Hodgkin's disease, other lymphomas and leukemia. Cancer of the male breast, and among females, cancers of the liver and pancreas, were also more common among the Jewish group.

With some minor modifications these patterns according to religion were seen in both the native-born and foreign-born population.

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MEDICAL NEWS *in brief*

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1961 ROME GENETICS CONFERENCE

The 1961 Rome Genetics Conference will be held in Rome, Italy, from September 7 to 12. Special emphasis is being placed on the subjects listed in the Scientific Program, for which invited papers will be presented; contributed papers may be submitted and read during the afternoon sessions on any subject included in or directly related to the study of human genetics.

Full membership in the Conference is open to all geneticists, entitling them to take part in all Conference meetings, to read papers and to present exhibits. Associate membership is open to the relatives of full members and to university and college students, entitling them to attend the scientific meetings of the conference and to visit the exhibition. The registration fees are: full membership including complete Proceedings, $30.00; full membership without complete Proceedings, $15.00; associate membership, $10.00. All remittances (cheque or money order) should be made payable either to the Organizing Committee or to any office of the Wagons-Lits/Cook Travel Agency.

Arrangements have been made to provide Conference Members with either advance abstracts of the papers or the full Proceedings or both. The Abstracts of the papers read at the Conference may be obtained from the Excerpta Medica Foundation at a cost of $5.00.

An Exhibition of Human Genetics will be set up by the Organizing Committee with the cooperation of several Italian and foreign exhibitors, providing information about scientific progress for Conference members and an illustration of the function and scope of human genetics for the general public.

Materials for the exhibits should be sent to the Organizing Committee by the end of July 1961, or they may be brought by the exhibitor not later than September 3. In the latter case the Exhibition Committee will provide technical assistance but may not be able to guarantee equally satisfactory location.

A Ladies' Committee will prepare the Ladies' Program (and possibly a Children's Program), to be published at a later date. The Social Program for all members will include a reception by the Mayor of Rome at the Capitol (September 6) and the Official Banquet (September 9). Other events will be announced later.

In addition to conducted tours during the Conference an official Conference Tour will be arranged, after the Conference, to Naples, Sorrento, Amalfi, Salerno and Paestum. Individual tours are suggested for the days immediately preceding the Conference.

While Members are obviously free to apply to any agency of their choice, the Wagons-Lits/Cook Travel Agency has been appointed official travel agency of the conference and will have their own liaison personnel working with the Secretariate. Requests for accommodation should be sent to the

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MEDICAL NEWS *in brief*

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Wagons-Lits/Cook Travel Agency not later than June 15, 1961.

Further information from: The Secretariat, Instituto Gregorio Mendel, piazza Galeno, 5, Rome, Italy.

POLIOVIRUS VACCINES

The hope expressed last fall by the Surgeon General that the Sabin oral poliovirus vaccine would be marketed in the United States before the summer of 1961 is not being realized. There is some disagreement as to whether the pharmaceutical manufacturers are finding it difficult to meet the safety standards for commercial production set by the National Institute of Health or whether, for their own reasons, they are simply not interested in pushing the production of the Sabin vaccine. In any event, it is unlikely that significant quantities of the vaccine will be available in the United States before 1962 at the earliest.

The continued use of the Salk (killed-virus) vaccine should, therefore, be vigorously promoted by health agencies and by physicians, so that as many people as possible below the age of 50 will be protected by the full series of four injections. According to the U.S. Public Health Service, the incidence of paralytic polio is now highest among "babies and breadwinners" in low-income families—indicating where the greatest effort to encourage the use of the Salk vaccine is needed.

Public Health Service figures show that in the United States as a whole during the year 1959, paralytic polio was prevented in about 95% of those who received four injections of Salk vaccine (J. Salk, *Lancet*, 2: 715, 1960). The commercial Salk vaccines are being steadily improved in potency and uniformity, and there is reason to hope for even better results this year. Notwithstanding controversy over the respective merits of live- and killed-virus vaccine, once the oral poliovirus vaccine becomes available it is likely that both vaccines will be used to eliminate poliomyelitis as a public-health problem.—*The Medical Letter*, Vol. 3, No. 4, 1961.

TWO GROUPS BACK A.M.A. STUDY ON MEDICAL CARE COST

Two prominent organizations in the health field have pledged their support and assistance to the studies being conducted by the American Medical Association's Commission on the Cost of Medical Care.

At a recent meeting of the commission in Chicago, G. Bugbee, president of the Health Information Foundation, and N. F. Parish, assistant executive vice-president of the National Association of Blue Shield Plans, offered their cooperation in determining the causative factors in health care costs.

The commission, established by the A.M.A. last June, is making a three-year study to gather and evaluate accurate statistics and authoritative information on health care costs. Its findings are expected

to clarify the manner in which the public spends its medical care dollar for such items as physician services, hospitalization, drugs, dental care, and health insurance programs. Mr. Bugbee volunteered to share with the commission studies made by the Health Information Foundation, including those on utilization of hospital facilities, trends in medical care expenditures, and health care of the aged.

Representing the National Association of Blue Shield Plans, Mr. Parish reported that his organization would provide information on the evolution and growth of surgical care prepayment plans as well as on the extent and scope of present coverage.

The commission is composed of 15 physicians, headed by Chairman Louis M. Orr, Orlando, Fla., and Vice Chairman David B. Allman, Atlantic City, N.J., both past presidents of the A.M.A.

Dr. Orr stressed the need for an objective study of medical care costs. He said: "Too many of the economic surveys and studies on medical care costs begin with a preconceived notion of what the situation is. The data gathered are then fitted to support this prejudice. We will be as objective and honest as possible in our study so that our findings will not be open to question or criticism."

The commission accepted a grant of $10,000 from the Charitable, Educational and Scientific Foundation of the Wisconsin State Medical Society. The funds will be used to conduct a field study within the state on medical care costs.

In addition to its physician members, the commission will be served by numerous experts from allied fields, industry, education, labour, and government. These consultants will advise the three committees of the commission investigating the areas of the economics of medical care, financing mechanisms, and the impact of the developments in diagnosis, therapy, and clinical management of disease on the cost of medical care.—*A.M.A. News Release.*

THIRD ANNUAL MEDICAL STAFF SYMPOSIUM, MEMORIAL HOSPITAL OF LONG BEACH

The Third Annual Medical Staff Symposium of The Memorial Hospital of Long Beach will be held at the hospital on May 24, 1961. The guest speaker will be Henry Brainerd, M.D., Chairman, Department of Medicine, University of California School of Medicine. Further information may be obtained from: George X. Trimble, M.D., Secretary, Memorial Hospital of Long Beach, 2801 Atlantic Avenue, Long Beach, Calif.

CANADIAN NEUROLOGICAL SOCIETY

The Canadian Neurological Society will meet in Montreal June 15 to 17 inclusive. Meetings will be held in Notre Dame Hospital and the Montreal Neurological Institute. Further information may be obtained from J. Preston Robb, M.D., Secretary-Treasurer, Canadian Neurological Society, 1610 Pine Avenue W., Montreal.